

ACORD 101 APPLICANT INFORMATION SECTION		DATE NEW YORK 12/13/00	
PRODUCER <u>HOME</u> <u>ACORD No. 500</u> 973-884-4400 973-884-4411		CARRIER <u>NAC CODE</u> St. Paul Fire and Marine Insur POLICIES OR PROGRAM REQUESTED	
TRIBUS SPECTRUM 8 Wood Hollow Road Parsippany NJ 07054 David Huff		INDICATE SECTIONS ATTACHED : <input type="checkbox"/> PROPERTY <input type="checkbox"/> GLASS AND SIGN <input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS <input type="checkbox"/> CRIME/MISCELLANEOUS CRIME TRANSPORTATION (NOTICE TO LOSS CARRIES)	
CODE _____ SUB CODE _____ AGENCY CUSTOMER ID _____ DSHTE-1		EQUIPMENT FLOATER INSTALLATION/BUILDERS RISK ELECTRONIC DATA PROC COMMERCIAL GENERAL LIABILITY BUSINESS AUTO TRUCKERS/MOTOR CARRIER	
STATUS OF SUBMISSION		PACKAGE POLICY INFORMATION	
QUOTE _____ ISSUE POLICY _____ <input checked="" type="checkbox"/> BOUND (Give Date and/or Affirm Copy) DATE <u>03/05/00</u> TIME <u>04:00</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		ENTER THE INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES OR FOR MONOLINE POLICIES PROPOSED EFF DATE <u>03/10/00</u> PROPOSED EXP DATE <u>03/10/01</u> <input type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	
APPLICANT INFORMATION NAME (Type Named Insured & Other Named Interests) dahtest, Inc., Inc.		MAILING ADDRESS (If Five Named Insured) David Huff 1234 Main Street Fort Wayne NJ 07922	
INDIVIDUAL <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORGANIZATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> YEARS IN BUSINESS _____		INSPECTION CONTACT <u>PHONE</u> <u>ACORD No. 500</u> 908-464-3464 David Montgomery David Montgomery	
PREMISES INFORMATION			
LOC #	SUB #	STREET CITY COUNTY STATE ZIP CODE	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> OUTSIDE <input type="checkbox"/> TENANT <input type="checkbox"/> INSIDE <input type="checkbox"/> OWNER <input type="checkbox"/> OUTSIDE <input type="checkbox"/> TENANT <input type="checkbox"/> INSIDE <input type="checkbox"/> OWNER <input type="checkbox"/> OUTSIDE <input type="checkbox"/> TENANT
01	01	1234 Sunset Lane Berkeley Heights NJ 07922 Union	INTEREST 1984 25%
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S) 01 01 Sales and executive offices			
GENERAL INFORMATION EXPLAIN ALL "YES" RESPONSES YES NO EXPLAIN ALL "YES" RESPONSES YES NO 1 IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES? <input checked="" type="checkbox"/> 6 ANY POLICY OR COVERAGE DECLINED "CANCELLED" OR NON-RENEWED DURING THE PRIOR 3 YEAR? NOT APPLICABLE IN NJ <input checked="" type="checkbox"/> 2 IS A FORMAL SAFETY PROGRAM IN OPERATION? <input checked="" type="checkbox"/> 7 ANY PREVIOUS LOSS OR CLAIM RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR HESG-CERTIFIED? <input checked="" type="checkbox"/> 3 ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? <input checked="" type="checkbox"/> 8 DURING THE LAST TEN YEARS HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (If "Y" this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment) <input checked="" type="checkbox"/> 4 ANY CATASTROPHE EXPOSURE? <input checked="" type="checkbox"/> 5 ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED? <input checked="" type="checkbox"/>			
REMARKS Excellent Management			
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS THE PERSON TO CIVIL AND CRIMINAL PENALTIES.			
APPLICANT'S SIGNATURE David Huff		PRODUCER'S SIGNATURE	
ACORD 101 (7/99)		PLEASE COMPLETE REVERSE SIDE	

FIG. 2A
(Prior Art)

103190" 68488860

PRIOR CARRIER INFORMATION DSHTB-1

LINE	CATEGORY	YEARS 98	YEARS	YEARS	YEARS	YEARS
CARRIER USF&G						
POLICY NUMBER GL 23456						
POLICY TYPE <input checked="" type="checkbox"/> LIFE <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> LIFE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> LIFE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> LIFE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> LIFE <input type="checkbox"/> OCCURRENCE						
RETRO DATE						
GENERAL AGGREGATE		2000000				
PROPERTY DAMAGE OF AGGREGATE		2000000				
PERSONAL & ADV INJ		1000000				
EACH OCCURRENCE		1000000				
FIRE DAMAGE		50000				
MEDICAL EXPENSE		5000				
BODILY INJURY AGGREGATE						
PROPERTY OCCURRENCE DAMAGE AGGREGATE						
COMBINED SINGLE LIMIT		1000000				
MODIFICATION FACTOR						
TOTAL PREMIUM		12000				
CARRIER USF&G						
POLICY NUMBER CA4567898						
POLICY TYPE COMMCL						
COMBINED SINGLE LIMIT		1000000				
BODILY INJURY EA PERSON						
EA ACCIDENT						
PROPERTY DAMAGE						
MODIFICATION FACTOR						
TOTAL PREMIUM		13000				
CARRIER						
POLICY NUMBER						
POLICY TYPE						
BLDI PREP AMT						
MODIFICATION FACTOR						
TOTAL PREMIUM						
CARRIER						
POLICY NUMBER						
POLICY TYPE						
LIMIT						
MODIFICATION FACTOR						
TOTAL PREMIUM						

LOSS HISTORY

ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)					CHECK HERE IF NONE	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
01/01/95		all claims		1500	2500	PAID
01/01/96		all		1600	2600	PAID
01/01/97		all		1700	2700	PAID
01/01/98		all		1800	2800	PAID

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

NOTICE OF INSURANCE INFORMATION PRACTICES
 PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ACORD 125 (7/96)

FIG. 2B
(Prior Art)

ACORD GENERAL LIABILITY LIABILITY SECTION										DATE: 12/13/97			
PRODUCER		PHONE (AC No Exp) 973-884-4400		APPLICANT (First Named Insured) Augros, Inc.		EFFECTIVE DATE 06/27/99		EXPIRATION DATE 06/27/00		DIRECT BILL X		PAYMENT PLAN MONTHLY	
		FAX NO (AC No Exp) 973-884-4411											
TRIBUS SPECTRUM 8 Wood Hollow Road Parsippany NJ 07054 David Huff						FOR COMPANY USE ONLY							
CODE		SUB CODE											
AGENCY CUSTOMER ID		AUGRO-1											
COVERAGES				LIMITS				PREMIUMS					
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNERS & CONTRACTORS PROTECTIVE				GENERAL AGGREGATE \$ 2,000,000 PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 2,000,000 PERSONAL & ADVERTISING INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MEDICAL EXPENSE (Any one person) \$ 5,000				PREMIUMS PREMISES/OPERATIONS PRODUCTS OTHER TOTAL					
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For third-owned auto coverages attach the Business Auto Section ACORD 127)													
Employee Benefits - \$1,000,000.; Broad Form Vendors Coverage, Blanket Additional Insureds													
SCHEDULE OF HAZARDS													
LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR	RATE		PREMIUM						
ALL	Plastic Goods Manufacture	58057	\$ 17,000,000		6806	0738							
RATING AND PREMIUM BASIS (S) GROSS SALES PER \$1,000 SALES (A) AREA PER 1,000 SQ FT (M) ADMISSIONS - PER 1,000 ADM (T) OTHER (P) PAYROLL PER \$1,000 PAY (C) TOTAL COST PER \$1,000 COST (U) UNIT PER UNIT													
CLAIMS MADE (Explain all "Yes" responses) 1. PROPOSED RETROACTIVE DATE:				TRANSITION 1. HAS THIS RISK OR ANY LOCATION NOT QUALIFIED FOR TRANSITION? YES NO									
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE CONTINUATION:				2. IF THIS RISK QUALIFIES FOR TRANSITION, INDICATE THE YEAR IT FIRST QUALIFIED AND:									
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? YES NO				LOCATION NEW CLASS PREM BASE PREVIOUS EXPOSURE APPLICABLE COVERAGE									
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY? YES NO				PREMISES: PRODUCT PREMISES: PRODUCT PREMISES: PRODUCT PREMISES: PRODUCT PREMISES: PRODUCT PREMISES: PRODUCT									
REMARKS													
ACORD 126-S (3/93) PLEASE COMPLETE REVERSE SIDE ACORD CORPORATION 1997													

FIG. 3A
(Prior Art)

098349-0611

CONTRACTORS		AUGRO-1																													
EXPLAIN ALL "YES" RESPONSES (For past or present operations)		EXPLAIN ALL "YES" RESPONSES (For past or present operations)																													
YES	NO	YES	NO																												
1 DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS?	X	4 DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?	X																												
2 DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?	X	5 ARE SUBCONTRACTORS ALLOWED TO WORK W/O CERT OF INS?	X																												
3 DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?	X	6 DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?	X																												
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED		% OF WORK SUBCONTRACTED	# FULL TIME STAFF # PART TIME STAFF																												
<table border="1"> <thead> <tr> <th>PRODUCTS</th> <th>ANNUAL GROSS SALES</th> <th># OF UNITS</th> <th>TIME IN MARKET</th> <th>EXPECTED LIFE</th> <th>INTENDED USE</th> <th>PRINCIPAL COMPONENTS</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS																					
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS																									
EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)																													
YES	NO	YES	NO																												
1 DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?	X	6 PRODUCTS RECALLED, DISCONTINUED, CHANGED?	X																												
2 FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?	X	7 PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?	X																												
3 RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?	X	8 PRODUCTS UNDER LABEL OF OTHERS?	X																												
4 GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?	X	9 VENDORS COVERAGE REQUIRED?	X																												
5 PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?	X	10 DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?	X																												
PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.																															
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (Attach ACORD 46 for additional names)																															
INTEREST	RANK	NAME AND ADDRESS	REFERENCE #																												
ADDITIONAL INSURED																															
LOSS PAYEE																															
MORTGAGEE																															
LIENHOLDER																															
EMPLOYEE AS LESSOR																															
ITEM DESCRIPTION:		CERTIFICATE REQUIRED INTEREST IN ITEM NUMBER LOCATION BUILDING VEHICLE BOAT SCHEDULED ITEM NUMBER OTHER																													
GENERAL INFORMATION																															
EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		EXPLAIN ALL "YES" RESPONSES (For all past or present operations)																													
YES	NO	YES	NO																												
1 ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?	X	9 RECREATION FACILITIES PROVIDED?	X																												
2 ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?	X	10 IS THERE A SWIMMING POOL ON THE PREMISES?	X																												
3 DO HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. gasoline, wasteoil, fuel tanks, etc)	X	11 SPORTING OR SOCIAL EVENTS SPONSORED?	X																												
4 ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?	X	12 ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	X																												
5 MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?	X	13 ANY DEMOLITION EXPOSURE CONTEMPLATED?	X																												
6 ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?	X	14 HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	X																												
7 ANY PARKING FACILITIES OWNED/RENTED?	X	15 DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	X																												
8 IS A FEE CHARGED FOR PARKING?	X	16 IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	X																												
REMARKS		17 ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?																													
		X																													

ACORD 126-S (3/93)

ATTACH TO APPLICANT INFORMATION SECTION

FIG. 3B
(Prior Art)

ACCORD BUSINESS AUTO SECTION										DATE MAADDD 12/13/00	
PRODUCER ACORD PHONE 973-884-4400 FAX NO 973-884-4411 (A/C NO GUS)					APPLICANT (First Name) Augros, Inc.					OPID DR	
TRIBUS SPECTRUM 8 Wood Hollow Road Parsippany NJ 07054 David Huff CODE _____ SUB CODE _____ AGENCY CUSTUMER ID AUGRO-1					EFFECTIVE DATE 06/27/99 EXPIRATION DATE 06/27/00		DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL		PAYMENT PLAN MONTHLY		
FOR COMPANY USE ONLY											
COVERAGES/LIMITS											
COVERAGES		COVERED AUTO SYMBOLS				LIMITS		COVERAGES		COVERED AUTO SYMBOLS	
		<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 9 <input checked="" type="checkbox"/> CSL <input type="checkbox"/> BA PER \$ 1,000,000 <input type="checkbox"/> BI EACH ACCIDENT \$ <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 8 <input type="checkbox"/> PROPERTY DAMAGE \$									
LIABILITY											
PERSONAL INJURY PROTECTION		<input checked="" type="checkbox"/> 5 <input type="checkbox"/> 7 DEDUCTIBLE OR EQUIVALENT NO-FAULT COVERAGE \$						PHYSICAL DAMAGE			
ADDITIONAL PIP		<input type="checkbox"/> 5 <input type="checkbox"/> 7 TOTAL WVC \$ <input type="checkbox"/> 3 <input type="checkbox"/> 8 MVE \$						TOWING & LABOR		<input checked="" type="checkbox"/> 3 <input type="checkbox"/> 7 \$ 50/DIS	
MEDICAL PAYMENTS		<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7 EACH PERSON \$						COMPREHENSIVE		<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7	
UNINSURED MOTORIST		<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> CSL <input type="checkbox"/> BA PER \$ 1,000,000 <input type="checkbox"/> 3 <input type="checkbox"/> 7 BI EACH ACCIDENT \$ <input type="checkbox"/> 4 <input type="checkbox"/> PROPERTY DAMAGE \$						SPECIFIED CAUSES OF LOSS		<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7	
UNDERINSURED MOTORIST		<input type="checkbox"/> 2 <input type="checkbox"/> 6 <input checked="" type="checkbox"/> CSL <input type="checkbox"/> BA PER \$ <input type="checkbox"/> 3 <input type="checkbox"/> 7 BI EACH ACCIDENT \$ <input type="checkbox"/> 4 <input type="checkbox"/> PROPERTY DAMAGE \$						COLLISION		<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7	
HIREN/UNBORROWED LIABILITY		STATES NY NJ		COST OF HIRE \$ <input checked="" type="checkbox"/> IF ANY BASIS		STATES NY		# DAYS <input type="checkbox"/> # VEH <input type="checkbox"/>		COVERAGE/DEDUCTIBLE <input checked="" type="checkbox"/> COMP \$ 500 <input type="checkbox"/> SPEC \$ <input checked="" type="checkbox"/> COLL \$ 500	
NON-OWNED LIABILITY		STATES NY NJ		GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS		HIREN PHYSICAL DAMAGE				COVERAGE IS PRIMARY SECONDARY	
ENDORSEMENTS, FORMS, CONDITIONS											
COVERED SYMBOLS (1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW (7) AUTOS SPECIFIED ON SCHEDULE (8) HIREN AUTOS (9) NON-OWNED AUTOS											
DRIVER INFORMATION (Include drivers who frequently use own vehicles)											
DRIVER #		NAME (Include address, if required)				DATE OF BIRTH		YEAR LIC		DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	
										STATE LC USE /EH# %	
VEHICLE DESCRIPTION											
VEH #		YEAR		MAKE		MODEL		BODY TYPE		SYNAGE COST NEW	
1		1996		Acura		RL		VIN. JH4KA9648TC003007			
CITY STATE ZIP		Clark NJ		TERR		GWWGOW		CLASS		SIC FACTOR SEAT CR RADIUS PART-TEST TERM	
WHERE GARAGED											
DRIVE TO WORK/SCHOOL		USE		COMMFL		CHECK COVERAGES		ADOL PIP		UNINSUR MOTOR TOWING & LABOR SPEC C O F	
UNDER 15 MILES		PLEASURE		RETAIL		LIAB		MED PAY		F FT COMP AA ST AMT \$ \$	
15 MILES OR OVER		FARM		SERVICE		PIP		UNINSUR MOTOR TOWING & LABOR SPEC C O F		COLL \$ \$ \$	
ACORD 127 (2/95) PLEASE COMPLETE REVERSE SIDE ACORD CORPORATION 1995											

4

093343 063801

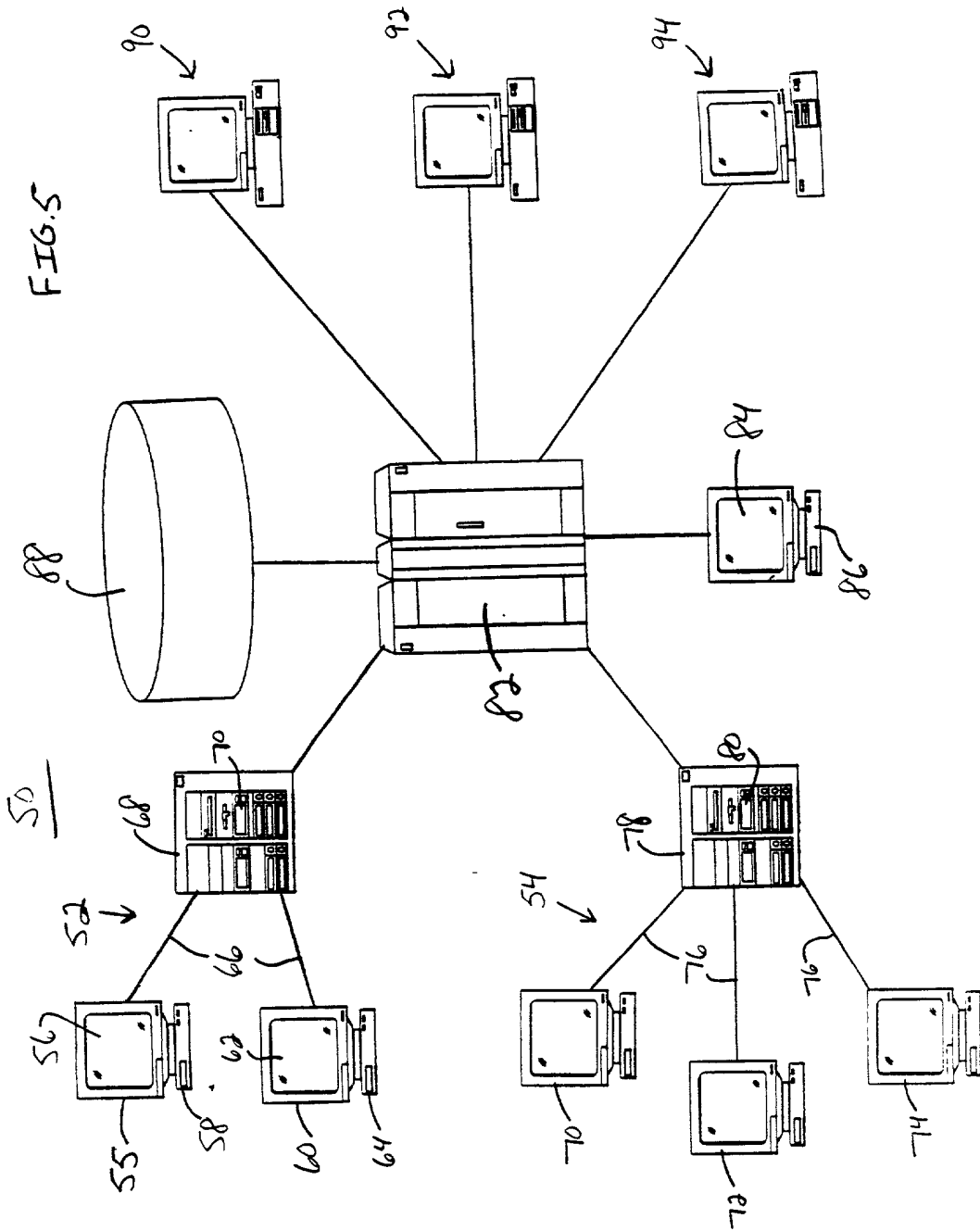
VEHICLE DESCRIPTION (continued)										AUGRO-1 COST NEW		
VEH #	YEAR	MAKE	MODEL	TYPE	VIN	CLASS	SC	FACTOR	SEAT C/P	RADIUS	FARTHEST TERM	
2	1996	Isuzu	NRR		JALFA12XT3700658							
CITY STATE ZIP WHERE GARAGED Ronkonkoma NJ												
DRIVE TO WORK/SCHOOL USE <input type="checkbox"/> COMM'L <input type="checkbox"/> CHECK COVERAGE <input type="checkbox"/> ADOL PIP <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/> F <input type="checkbox"/> LSP <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> ADV <input type="checkbox"/> COMPI <input type="checkbox"/> SPEC C OF L												
UNDER 15 MILES <input type="checkbox"/> PLEASURE <input type="checkbox"/> RETAIL <input type="checkbox"/> LIAB <input type="checkbox"/> MED PAY <input type="checkbox"/> TOWING & LABOR <input type="checkbox"/> FT <input type="checkbox"/> COMP <input type="checkbox"/> AA <input type="checkbox"/> ST AMT <input type="checkbox"/> \$												
15 MILES OR OVER <input type="checkbox"/> FARM <input type="checkbox"/> SERVICE <input type="checkbox"/> PIP <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> FTW <input type="checkbox"/> COLL <input type="checkbox"/> \$ SYMAGE COST NEW												
VEH #	YEAR	MAKE	MODEL	TYPE	VIN	CLASS	SC	FACTOR	SEAT C/P	RADIUS	FARTHEST TERM	
3	1973	Chevy			CCW533V104317							
CITY STATE ZIP WHERE GARAGED Ronkonkoma NJ												
DRIVE TO WORK/SCHOOL USE <input type="checkbox"/> COMM'L <input type="checkbox"/> CHECK COVERAGE <input type="checkbox"/> ADOL PIP <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/> F <input type="checkbox"/> LSP <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> ADV <input type="checkbox"/> COMPI <input type="checkbox"/> SPEC C OF L												
UNDER 15 MILES <input type="checkbox"/> PLEASURE <input type="checkbox"/> RETAIL <input type="checkbox"/> LIAB <input type="checkbox"/> MED PAY <input type="checkbox"/> TOWING & LABOR <input type="checkbox"/> FT <input type="checkbox"/> COMP <input type="checkbox"/> AA <input type="checkbox"/> ST AMT <input type="checkbox"/> \$												
15 MILES OR OVER <input type="checkbox"/> FARM <input type="checkbox"/> SERVICE <input type="checkbox"/> PIP <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> FTW <input type="checkbox"/> COLL <input type="checkbox"/> \$ SYMAGE COST NEW												
VEH #	YEAR	MAKE	MODEL	TYPE	VIN	CLASS	SC	FACTOR	SEAT C/P	RADIUS	FARTHEST TERM	
5	2000	Bmw	323CI	2DR	WBARM3346YJH85845							
CITY STATE ZIP WHERE GARAGED Clark NJ												
DRIVE TO WORK/SCHOOL USE <input type="checkbox"/> COMM'L <input type="checkbox"/> CHECK COVERAGE <input type="checkbox"/> ADOL PIP <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/> F <input type="checkbox"/> LSP <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> ADV <input type="checkbox"/> COMPI <input type="checkbox"/> SPEC C OF L												
UNDER 15 MILES <input type="checkbox"/> PLEASURE <input type="checkbox"/> RETAIL <input type="checkbox"/> LIAB <input type="checkbox"/> MED PAY <input type="checkbox"/> TOWING & LABOR <input type="checkbox"/> FT <input type="checkbox"/> COMP <input type="checkbox"/> AA <input type="checkbox"/> ST AMT <input type="checkbox"/> \$												
15 MILES OR OVER <input type="checkbox"/> FARM <input type="checkbox"/> SERVICE <input type="checkbox"/> PIP <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> FTW <input type="checkbox"/> COLL <input type="checkbox"/> \$ SYMAGE COST NEW												
CITY STATE ZIP WHERE GARAGED												
DRIVE TO WORK/SCHOOL USE <input type="checkbox"/> COMM'L <input type="checkbox"/> CHECK COVERAGE <input type="checkbox"/> ADOL PIP <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/> F <input type="checkbox"/> LSP <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> ADV <input type="checkbox"/> COMPI <input type="checkbox"/> SPEC C OF L												
UNDER 15 MILES <input type="checkbox"/> PLEASURE <input type="checkbox"/> RETAIL <input type="checkbox"/> LIAB <input type="checkbox"/> MED PAY <input type="checkbox"/> TOWING & LABOR <input type="checkbox"/> FT <input type="checkbox"/> COMP <input type="checkbox"/> AA <input type="checkbox"/> ST AMT <input type="checkbox"/> \$												
15 MILES OR OVER <input type="checkbox"/> FARM <input type="checkbox"/> SERVICE <input type="checkbox"/> PIP <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> FTW <input type="checkbox"/> COLL <input type="checkbox"/> \$ SYMAGE COST NEW												
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (Attach ACORD 45 for additional names)												
INTEREST				RANK	NAME AND ADDRESS				REFERENCE #	CERTIFICATE REQUIRED		
<input checked="" type="checkbox"/> ADDITIONAL INSURED					American Honda Finance Corp.					AMERH01		
<input checked="" type="checkbox"/> LOSS PAYEE					200 Continental Dr. Suite 301					LOCATION BUILDING		
<input type="checkbox"/> MORTGAGEE					Newark DE 19713					VEHICLE 1 BOAT		
<input type="checkbox"/> LIENHOLDER										SCHEDULED ITEM NUMBER		
<input type="checkbox"/> EMPLOYEE AS LESSOR										OTHER		
GENERAL INFORMATION												
EXPLAIN ALL "YES" RESPONSES												
1. WITH THE EXCEPTION OF ENCUMBRANCES ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT? <input checked="" type="checkbox"/>												
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? <input checked="" type="checkbox"/>												
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION? <input checked="" type="checkbox"/>												
4. ARE ANY VEHICLES LEASED TO OTHERS? <input checked="" type="checkbox"/>												
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT? <input checked="" type="checkbox"/>												
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED? <input checked="" type="checkbox"/>												
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL? <input checked="" type="checkbox"/>												
8. ANY HOLD HARMLESS AGREEMENTS? <input checked="" type="checkbox"/>												
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS <input checked="" type="checkbox"/>												
10. DOES THE APPLICANT OBTAIN MVR VERIFICATION? <input checked="" type="checkbox"/>												
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD? <input checked="" type="checkbox"/>												
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION? <input checked="" type="checkbox"/>												
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION? <input checked="" type="checkbox"/>												
14. ANY DRIVERS WITH MOVING TRAFFIC VIOLATIONS? <input checked="" type="checkbox"/>												
REMARKS												
UNINSURED AND UNDERINSURED MOTORISTS COVERAGES (Check the appropriate box(es) below and sign where applicable)												
DO NOT USE IN AR, AZ, CA, CT, DE, FL, GA, IL, IN, MD, NJ, NY, OH, OR, PA, RI, SC, WV. USE SPECIFIC STATE SUPPLEMENT. MINIMUM UM LIMITS REQUIRED IN DC, ME, MN, MO, VT, WA, WI.												
I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORIST (UM) AND UNDERINSURED MOTORISTS (UM) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF:												
SELECTING UM AND UM LIMITS EQUAL TO MY LIABILITY LIMITS.												
SELECTING UM AND UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR												
REJECTING COVERAGE ENTIRELY												
1. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING												
1. SELECT UM AND UM LIMITS INDIC IN THIS APP												
2. I REJECT UM BODILY INJURY COVERAGE												
3. I REJECT UM BODILY INJURY COVERAGE												
4. I REJECT UM PROPERTY DAMAGE COVERAGE												
5. I REJECT UM PROPERTY DAMAGE COVERAGE												
ATTACH TO APPLICANT INFORMATION SECTION												
ACORD 127 (2/95)												

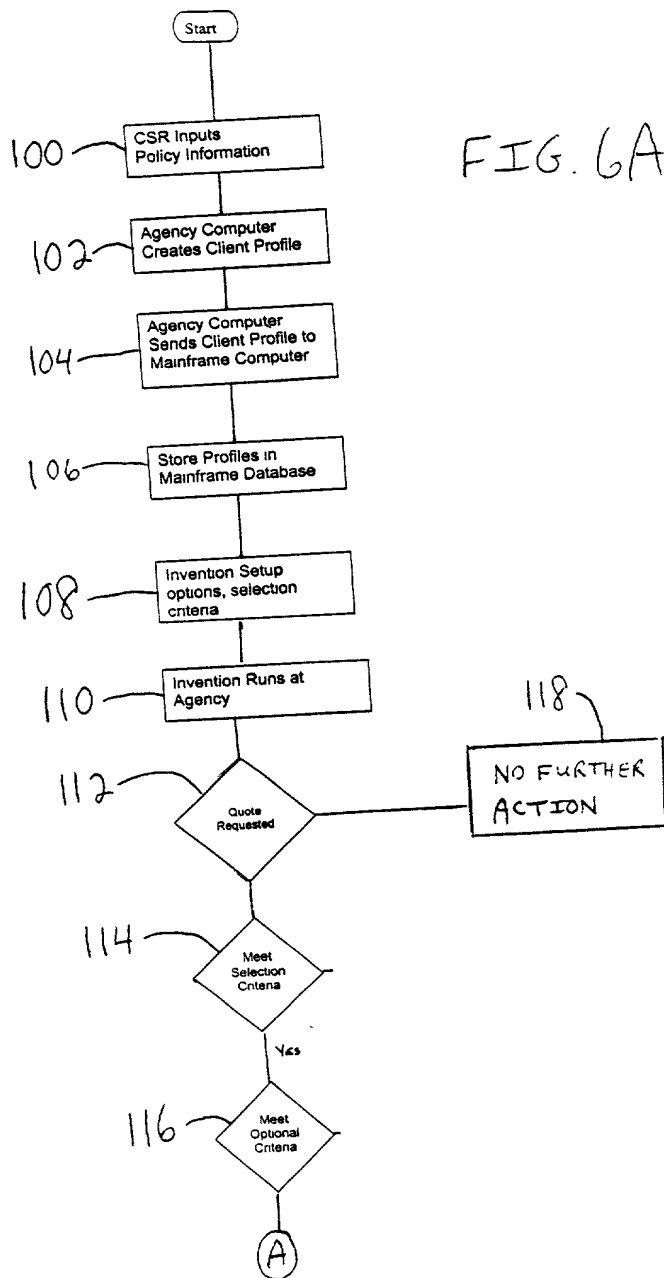
FIG. 4B
(Prior Art)

093643-06101

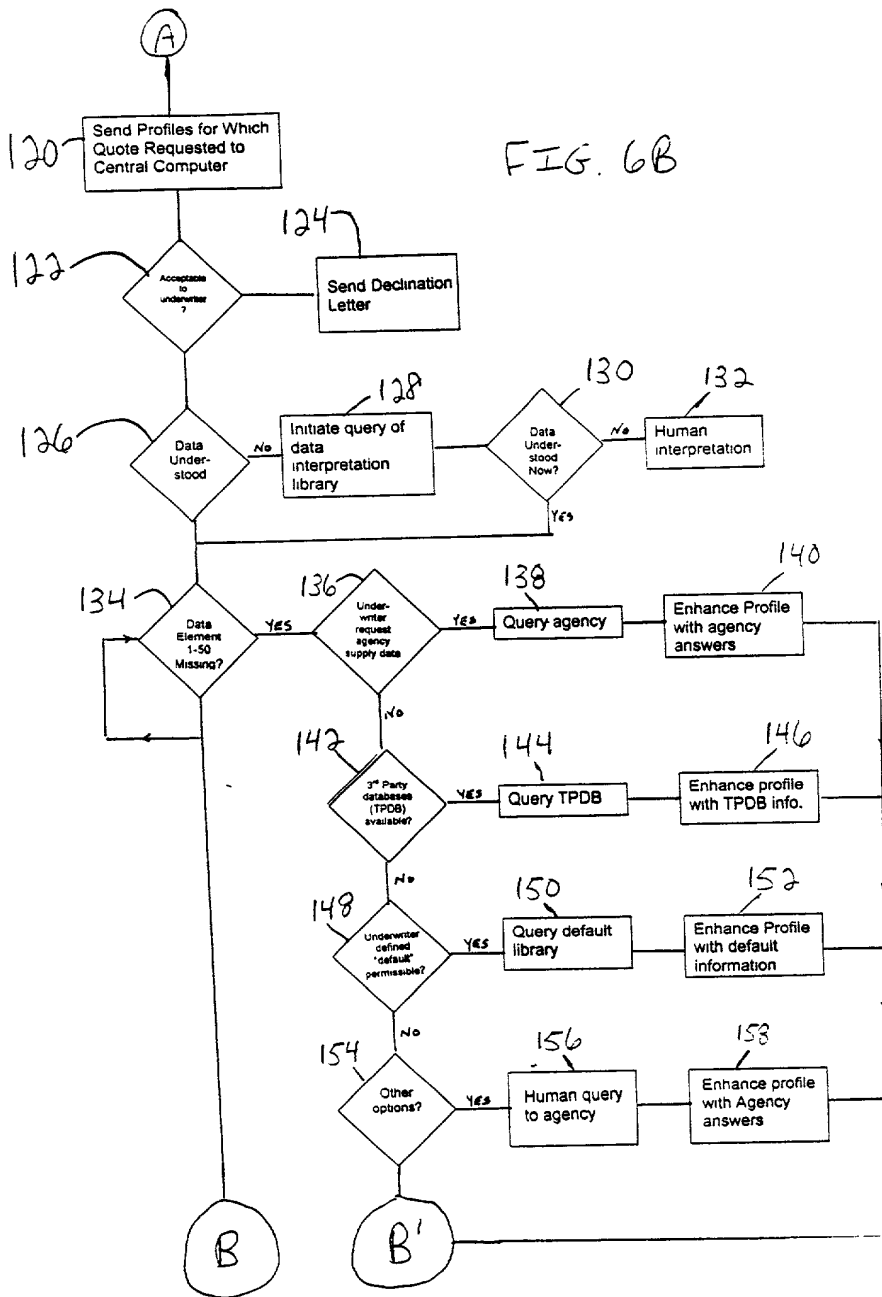
VEHICLE DESCRIPTION (continued)															AUGRO-1 COST NEW	
VEH #	YEAR	MAKE	MODEL	TYPE	VIN	CLASS	SG	FACTOR	SEAT	CR	RADUS	FARTHEST TERM				
2	1996	NISSAN	RRR		JALFAL2XT3700658											
CITY STATE ZIP WHERE GARAGED Ronkonkoma NJ																
DRIVE TO WORK/SCHOOL USE <input type="checkbox"/> COMM. <input type="checkbox"/> CHECK COVERAGES <input type="checkbox"/> ADDL PP <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/> F <input type="checkbox"/> LSP <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> ACV <input type="checkbox"/> COMPI <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> UNDER 15 MILES <input type="checkbox"/> PLEASURE <input type="checkbox"/> RETAIL <input type="checkbox"/> LIAB <input type="checkbox"/> MED PAY <input type="checkbox"/> TOWING & LABOR <input type="checkbox"/> FT <input type="checkbox"/> COMP <input type="checkbox"/> AA <input type="checkbox"/> ST AMT <input type="checkbox"/> \$ <input type="checkbox"/> 15 MILES OR OVER <input type="checkbox"/> FARM <input type="checkbox"/> SERVICE <input type="checkbox"/> PIP <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/> FTW <input type="checkbox"/> COLL <input type="checkbox"/> \$ <input type="checkbox"/> SYMAGE <input type="checkbox"/> COST NEW <input type="checkbox"/> COLL <input type="checkbox"/>																
VEH #	YEAR	MAKE	MODEL	TYPE	VIN	CLASS	SG	FACTOR	SEAT	CR	RADUS	FARTHEST TERM				
3	1973	Chevy			CC2533V104317											
CITY STATE ZIP WHERE GARAGED Ronkonkoma NJ																
DRIVE TO WORK/SCHOOL USE <input type="checkbox"/> COMM. <input type="checkbox"/> CHECK COVERAGES <input type="checkbox"/> ADDL PP <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/> F <input type="checkbox"/> LSP <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> ACV <input type="checkbox"/> COMPI <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> UNDER 15 MILES <input type="checkbox"/> PLEASURE <input type="checkbox"/> RETAIL <input type="checkbox"/> LIAB <input type="checkbox"/> MED PAY <input type="checkbox"/> TOWING & LABOR <input type="checkbox"/> FT <input type="checkbox"/> COMP <input type="checkbox"/> AA <input type="checkbox"/> ST AMT <input type="checkbox"/> \$ <input type="checkbox"/> 15 MILES OR OVER <input type="checkbox"/> FARM <input type="checkbox"/> SERVICE <input type="checkbox"/> PIP <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/> FTW <input type="checkbox"/> COLL <input type="checkbox"/> \$ <input type="checkbox"/> SYMAGE <input type="checkbox"/> COST NEW <input type="checkbox"/> COLL <input type="checkbox"/>																
VEH #	YEAR	MAKE	MODEL	TYPE	VIN	CLASS	SG	FACTOR	SEAT	CR	RADUS	FARTHEST TERM				
5	2000	BMW	323CI		WBA8M3346YJN85845											
CITY STATE ZIP WHERE GARAGED Clark NJ																
DRIVE TO WORK/SCHOOL USE <input type="checkbox"/> COMM. <input type="checkbox"/> CHECK COVERAGES <input type="checkbox"/> ADDL PP <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/> F <input type="checkbox"/> LSP <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> ACV <input type="checkbox"/> COMPI <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> UNDER 15 MILES <input type="checkbox"/> PLEASURE <input type="checkbox"/> RETAIL <input type="checkbox"/> LIAB <input type="checkbox"/> MED PAY <input type="checkbox"/> TOWING & LABOR <input type="checkbox"/> FT <input type="checkbox"/> COMP <input type="checkbox"/> AA <input type="checkbox"/> ST AMT <input type="checkbox"/> \$ <input type="checkbox"/> 15 MILES OR OVER <input type="checkbox"/> FARM <input type="checkbox"/> SERVICE <input type="checkbox"/> PIP <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/> FTW <input type="checkbox"/> COLL <input type="checkbox"/> \$ <input type="checkbox"/> SYMAGE <input type="checkbox"/> COST NEW <input type="checkbox"/> COLL <input type="checkbox"/>																
VEH #	YEAR	MAKE	MODEL	TYPE	VIN	CLASS	SG	FACTOR	SEAT	CR	RADUS	FARTHEST TERM				
CITY STATE ZIP WHERE GARAGED																
DRIVE TO WORK/SCHOOL USE <input type="checkbox"/> COMM. <input type="checkbox"/> CHECK COVERAGES <input type="checkbox"/> ADDL PP <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/> F <input type="checkbox"/> LSP <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> ACV <input type="checkbox"/> COMPI <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> UNDER 15 MILES <input type="checkbox"/> PLEASURE <input type="checkbox"/> RETAIL <input type="checkbox"/> LIAB <input type="checkbox"/> MED PAY <input type="checkbox"/> TOWING & LABOR <input type="checkbox"/> FT <input type="checkbox"/> COMP <input type="checkbox"/> AA <input type="checkbox"/> ST AMT <input type="checkbox"/> \$ <input type="checkbox"/> 15 MILES OR OVER <input type="checkbox"/> FARM <input type="checkbox"/> SERVICE <input type="checkbox"/> PIP <input type="checkbox"/> UNINS MOTOR <input type="checkbox"/> FTW <input type="checkbox"/> COLL <input type="checkbox"/> \$ <input type="checkbox"/> SYMAGE <input type="checkbox"/> COST NEW <input type="checkbox"/> COLL <input type="checkbox"/>																
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (Attach ACORD 46 for additional names) INTEREST <input type="checkbox"/> RANK <input type="checkbox"/> NAME AND ADDRESS <input type="checkbox"/> REFERENCE # <input type="checkbox"/> CERTIFICATE REQUIRED <input type="checkbox"/> INTEREST IN ITEM NUMBER <input type="checkbox"/> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> American Honda Finance Corp. <input type="checkbox"/> AMERH01 <input type="checkbox"/> LOCATION <input type="checkbox"/> BUILDING <input type="checkbox"/> <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> VEHICLE <input type="checkbox"/> 1 <input type="checkbox"/> SCAT <input type="checkbox"/> <input type="checkbox"/> MORTGAGE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SCHEDULED ITEM NUMBER <input type="checkbox"/> <input type="checkbox"/> LIEHOLDER <input type="checkbox"/> 200 Continental Dr. Suite 301 <input type="checkbox"/> <input type="checkbox"/> OTHER <input type="checkbox"/> <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> Newark DE 19713 <input type="checkbox"/>																
GENERAL INFORMATION EXPLAIN ALL "YES" RESPONSES 1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4. ARE ANY VEHICLES LEASED TO OTHERS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 6. ARE CC, PUC OR OTHER PLINGS REQUIRED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 8. ANY HOLD HARMLESS AGREEMENTS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 14. ANY DRIVERS WITH MOVING TRAFFIC VIOLATIONS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DESCRIPTION OF GARAGE/STORAGE LOCATIONS <input type="checkbox"/> MAXIMUM DOLLAR VALUE SUBJECT TO LOSS <input type="checkbox"/>																
REMARKS																
UNINSURED AND UNDERINSURED MOTORISTS COVERAGES (Check the appropriate box(es) below and sign where applicable) DO NOT USE IN AR, AZ, CA, CT, DE, FL, GA, IL, IN, MD, MI, MN, NY, OH, OR, PA, RI, SC, WV. USE SPECIFIC STATE SUPPLEMENT. MINIMUM UM LIMITS REQUIRED IN DC, ME, MN, NO, VT, VA, WA, WI. I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORIST (UM) AND UNDERINSURED MOTORISTS (UIM) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF: 1. SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS 2. SELECTING UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS OR 3. REJECTING COVERAGE ENTIRELY 1. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING 1. I SELECT UM AND UIM LIMITS INDIC IN THIS APP <input type="checkbox"/> 2. I REJECT UM BODILY INJURY COVERAGE <input type="checkbox"/> 3. I REJECT UM BODILY INJURY COVERAGE <input type="checkbox"/> 4. I REJECT UM PROPERTY DAMAGE COVERAGE <input type="checkbox"/> 5. I REJECT UM PROPERTY DAMAGE COVERAGE <input type="checkbox"/> ATTACH TO APPLICANT INFORMATION SECTION ACORD 127 (2/95)																

FIG. 4C
(Prior Art)





1997-1998		1998-1999		1999-2000		2000-2001		2001-2002		2002-2003		2003-2004		2004-2005		2005-2006		2006-2007		2007-2008		2008-2009		2009-2010		2010-2011		2011-2012		2012-2013		2013-2014		2014-2015		2015-2016		2016-2017		2017-2018		2018-2019		2019-2020		2020-2021		2021-2022		2022-2023		2023-2024		2024-2025		2025-2026		2026-2027		2027-2028		2028-2029		2029-2030		2030-2031		2031-2032		2032-2033		2033-2034		2034-2035		2035-2036		2036-2037		2037-2038		2038-2039		2039-2040		2040-2041		2041-2042		2042-2043		2043-2044		2044-2045		2045-2046		2046-2047		2047-2048		2048-2049		2049-2050		2050-2051		2051-2052		2052-2053		2053-2054		2054-2055		2055-2056		2056-2057		2057-2058		2058-2059		2059-2060		2060-2061		2061-2062		2062-2063		2063-2064		2064-2065		2065-2066		2066-2067		2067-2068		2068-2069		2069-2070		2070-2071		2071-2072		2072-2073		2073-2074		2074-2075		2075-2076		2076-2077		2077-2078		2078-2079		2079-2080		2080-2081		2081-2082		2082-2083		2083-2084		2084-2085		2085-2086		2086-2087		2087-2088		2088-2089		2089-2090		2090-2091		2091-2092		2092-2093		2093-2094		2094-2095		2095-2096		2096-2097		2097-2098		2098-2099		2099-2100		2100-2101		2101-2102		2102-2103		2103-2104		2104-2105		2105-2106		2106-2107		2107-2108		2108-2109		2109-2110		2110-2111		2111-2112		2112-2113		2113-2114		2114-2115		2115-2116		2116-2117		2117-2118		2118-2119		2119-2120		2120-2121		2121-2122		2122-2123		2123-2124		2124-2125		2125-2126		2126-2127		2127-2128		2128-2129		2129-2130		2130-2131		2131-2132		2132-2133		2133-2134		2134-2135		2135-2136		2136-2137		2137-2138		2138-2139		2139-2140		2140-2141		2141-2142		2142-2143		2143-2144		2144-2145		2145-2146		2146-2147		2147-2148		2148-2149		2149-2150		2150-2151		2151-2152		2152-2153		2153-2154		2154-2155		2155-2156		2156-2157		2157-2158		2158-2159		2159-2160		2160-2161		2161-2162		2162-2163		2163-2164		2164-2165		2165-2166		2166-2167		2167-2168		2168-2169		2169-2170		2170-2171		2171-2172		2172-2173		2173-2174		2174-2175		2175-2176		2176-2177		2177-2178		2178-2179		2179-2180		2180-2181		2181-2182		2182-2183		2183-2184		2184-2185		2185-2186		2186-2187		2187-2188		2188-2189		2189-2190		2190-2191		2191-2192		2192-2193		2193-2194		2194-2195		2195-2196		2196-2197		2197-2198		2198-2199		2199-2200		2200-2201		2201-2202		2202-2203		2203-2204		2204-2205		2205-2206		2206-2207		2207-2208		2208-2209		2209-2210		2210-2211		2211-2212		2212-2213		2213-2214		2214-2215		2215-2216		2216-2217		2217-2218		2218-2219		2219-2220		2220-2221		2221-2222		2222-2223		2223-2224	
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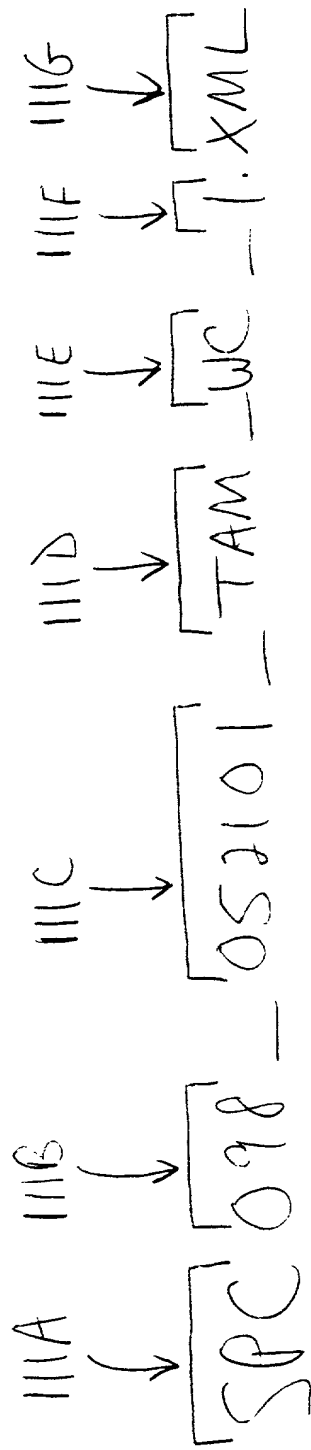


FIG. 68-1

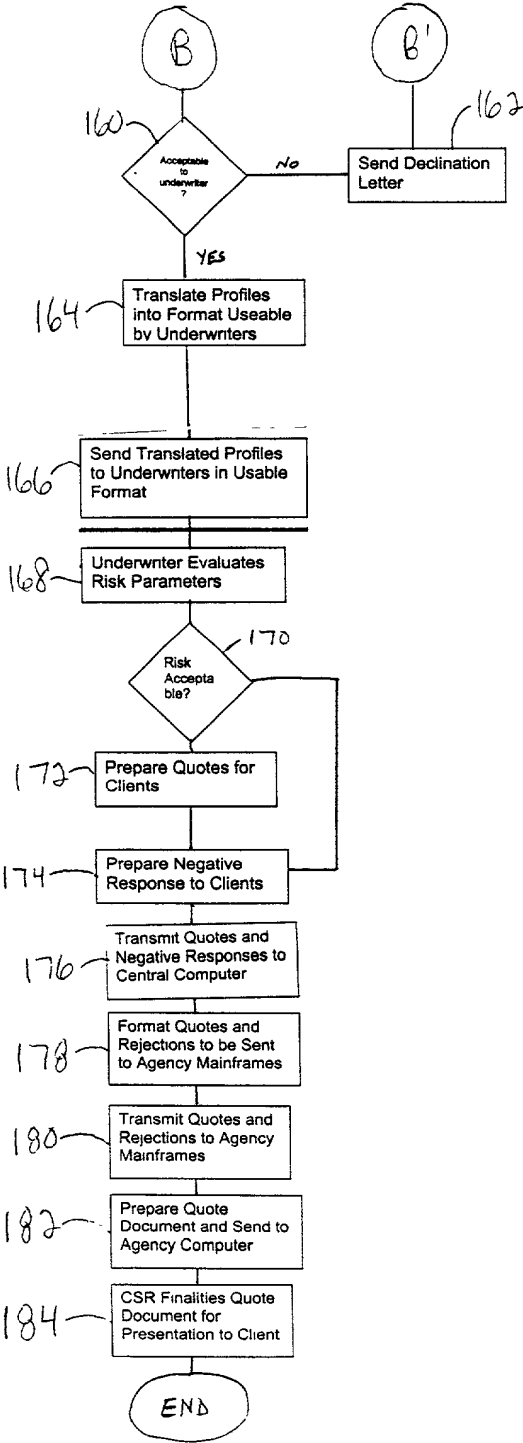
[illegible]

FIG. 6C

AgencyForce, Inc.

Diagram - Wholesale

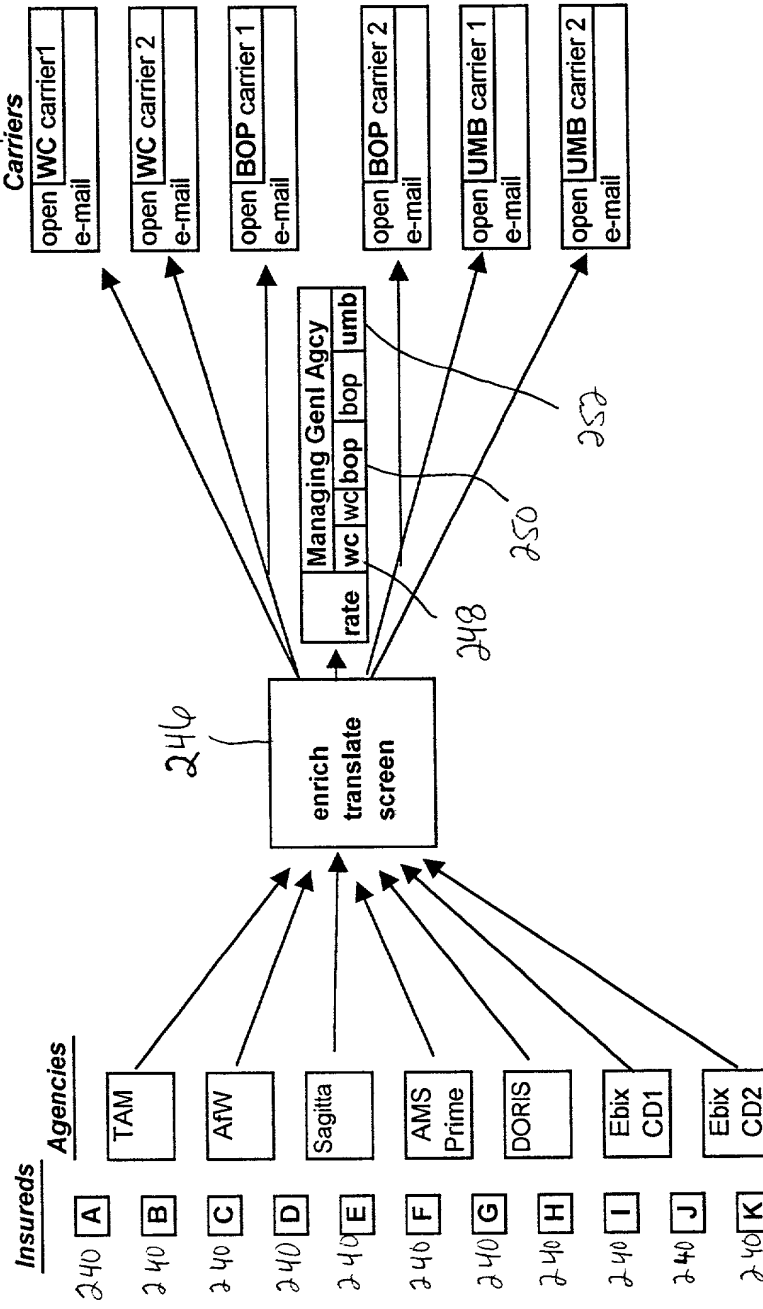


FIG. 7

AgencyForce, Inc.

Diagram - (Mailers)

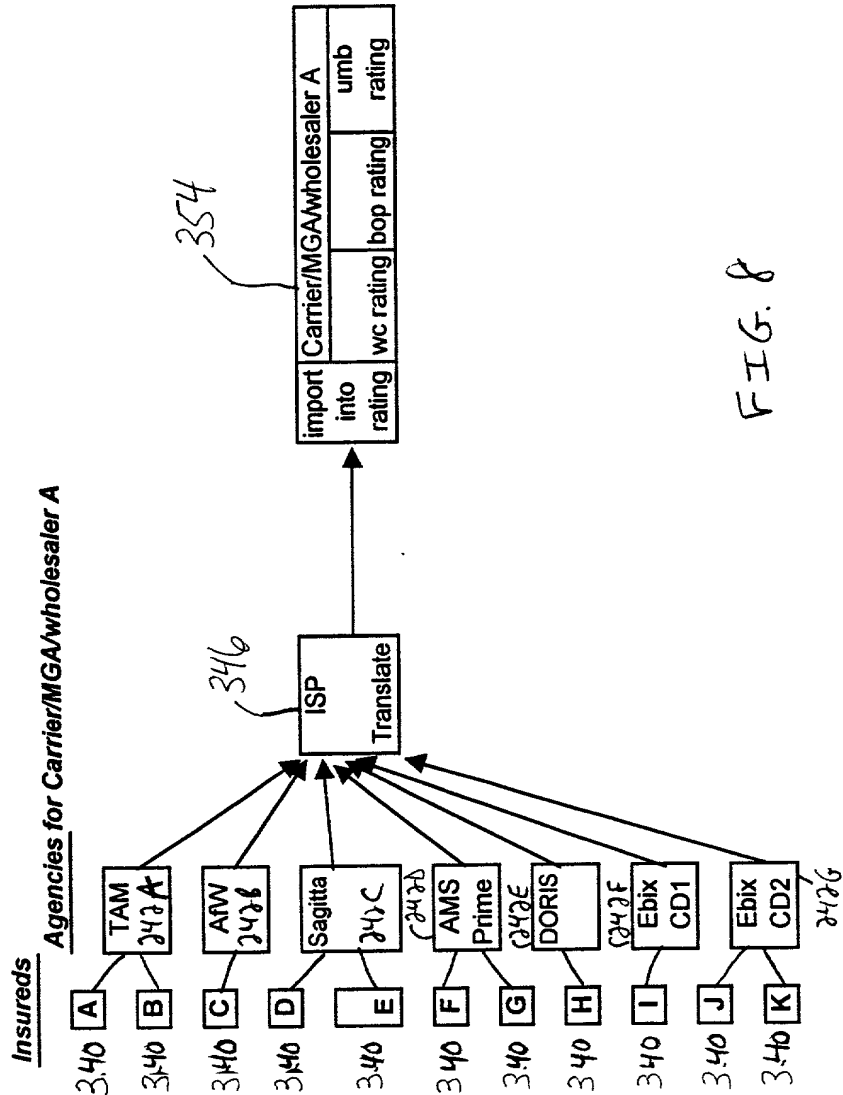


FIG. 8